## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Sc	chedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼				
Р	ATRIOT VOICES PAC		C C00528307	
			G 30022007	
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file				
	Full Name of Payee		Date of Public Distribution/Dissemination	
	CMDI [MEMO ITEM]		10 30 7 9 9 9 9 9	
	Mailing Address 1593 SPRING HILL ROAD			
	SUITE 400		Amount	
	City State	Zip Code	690.94	
	TYSONS CORNER VA	22182	Transaction ID : SE.S001  Date of Disbursement or Obligation	
	Purpose of Expenditure 10/30/14 EMAIL COMMUNICATION	Category/ Type	Mam / Dad / Yayayay	
	Name of Federal Candidate	Support	Office Sought: House District:	
	Joni Ernst	Oppose	President X Senate State: IA	
	Calendar Year-To-Date		Disbursement For: Primary X General	
	Per Election for Office Sought	10044.97	2014	
	Full Name of Payee		Date of Public Distribution/Dissemination	
	ACTIVE ENGAGEMENT [MEMO ITEM]		10 30 Y Y Y Y Y	
	Mailing Address 44084 RIVERSIDE PARKWAY			
	SUITE 350		Amount	
	City State	Zip Code	1000.00	
	LANSDOWN VA	20176	Transaction ID : SE.S002  Date of Disbursement or Obligation	
	Purpose of Expenditure 10/30/14 EMAIL COMMUNICATION	Category/ Type	M M / D D / Y Y Y Y	
	Name of Federal Candidate	Support	Office Sought: House District:	
	Joni Ernst	Oppose	President Senate State: IA	
	Calendar Year-To-Date		Disbursement For: Primary X General	
	Per Election for Office Sought	10044.97	2014 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			
	(4)		7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Nadine Maenza [Electron	nically Filed] Date	10 31 2014	
	Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)  FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼				
PATRIOT VOICES PAC	C C00528307			
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee HARMONY MARKETING GROUP	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 115 N MAIN STREET	Amount			
City State Zip Code	46.67			
BURBON IN 46504	Transaction ID : SE.S003  Date of Disbursement or Obligation			
Purpose of Expenditure PRINTING Category/ Type	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	e Sought: House District:			
Joni Ernst Oppose	President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M = M / D = D / Y = Y = Y			
Mailing Address	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General  Other (specify) ▶			
Otner (specify) ►				
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	1737.61			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
· Buto	10 31 2014			
Signature				